CDC in Lesotho







CDC office (physical presence)
2 U.S. Assignees
5 Locally Employed

At a Glance

Population: 2,193,800 Per capita income: \$1,800 Life expectancy at birth women/men: 48/49 yrs Infant mortality rate: 91/1000 live births

Source: Population Reference Bureau Fact Sheet, 2011

Top 10 Causes of Death

- 1. HIV 33%
- 2. Lower respiratory infections 8%
- 3. Interpersonal Violence 6%
- 4. Diarrheal Diseases 6%
- 5. Tuberculosis 6%
- 6. Cancer 5%
- 7. Stroke 5%
- 8. Diabetes 2%
- 9. Neonatal Disorders 2%
- 10. Ischemic Heart Disease 2%

Source: GBD Compare (http://v iz.healthmetricsandev aluation.org/gbd-compare/), 2010

The Center for Global Health and Prevention (CDC) Lesotho has been collaborating with the Ministry of Health and Social Welfare (MOHSW) and implementing partners since 2007 to support improvement in public health policies, services, and capacity development. CDC plays a pivotal role in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program in Lesotho. CDC, in collaboration with other U.S. government agencies and implementing partners, signed the PEPFAR Partnership Framework with the Government of Lesotho in 2009. This document guides the implementation of PEPFAR funding in Lesotho. CDC's work focuses on HIV/AIDS counseling and testing, tuberculosis (TB)/HIV care, blood safety, laboratory infrastructure, and strategic information. CDC initiatives have improved access to HIV/AIDS care and treatment, bolstered prevention programs, and strengthened health systems.

HIV/AIDS

Through PEPFAR, the CDC Lesotho office provides technical assistance to help the Ministry of Health and Social Welfare (MOHSW) implement an effective, efficient national HIV program. This has contributed to saving the lives of men, women, and children through HIV treatment and a comprehensive combination prevention strategy. Using a data-driven approach, this strategy is tailored to the unique characteristics of the local epidemic for maximum health impact.

Other key activities supported include HIV/counseling and testing, TB/HIV integrated service delivery, bloods afety, early infant diagnosis (EID), and strengthening health systems. Health system strengthening is needed for long term program sustainability and includes building country capacity in the areas of workforce development, epidemiology, surveillance, high quality laboratory networks, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic.

In Lesotho, approximately 23% of the population is currently infected with HIV; of those, 80% are also infected with TB. CDC is helping the MOHSW to reduce TB/HIV related morbidity and mortality through integrated TB/HIV services. This includes strengthening TB diagnostics and treatment, and the roll-out of rapid TB molecular testing. CDC is also working closely with the MOHSW and WHO to pilot the use of new technologies for diagnosing and treating TB and multiple drug resistant TB.





Laboratory Capacity and Infrastructure

CDC has partnered with MOHSW to support the development of a national laboratory strategic plan, infrastructure development, and implementation of a national quality assurance program. This program aims to expand and improve the quality of laboratory diagnosis and treatment monitoring. In 2011, CDC and its partners supported 18 hospital laboratories with training and quality assurance resulting in service improvement, safe blood services, inventory management, and strengthened laboratory management towards accreditation. A WHO Regional Office for Africa quality improvement and laboratory accreditation process was implemented in 50% of enrolled labs and four of 18 labs successfully instituted an electronic-based laboratory information system. To improve the diagnosis of multi-drug resistant TB (MDRTB) and diagnosis of TB in HIV patients, a national roll-out plan was completed and a pilot phase initiated for implementation of a rapid TB test. In addition, laboratories now have expanded capacity for early infant diagnosis of HIV and can perform in-country the DNA-PCR tests that are required for early diagnosis. CDC's work has produced measurable improvement in supply chain management, blood sample transport, and referral testing systems in Lesotho.

Impact in Lesotho

- Over 60,000 Basotho have been provided with voluntary counseling and testing services and have been counseled on their HIV status.
- Laboratory information systems were established in 25% of clinical laboratories within one year.
- Infant diagnosis of HIV was established in 2010, with about 10,000 dried blood spot diagnostic tests processed.

In the area of laboratory capacity, CDC is providing technical assistance in implementing high quality laboratory systems using new diagnostic technologies including the roll-out of HIV DNAPCR-based early infant diagnosis. CDC has also been a key partner in strengthening Lesotho's national blood safety program, which includes blood collection scale-up and the renovation of two regional blood banks with blood transfusion equipment. In partnership with implementing partners, CDC is providing the necessary technical expertise to develop local capacity for effective coordination of laboratory and blood safety programs to improve overall service quality in both of these important technical areas.

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